



PATENT
450106-02305

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Yoshihisa GONNO et al.
Serial No. : 09/647,332
For : **TRANSMITTING APPARATUS AND RECEIVING APPARATUS**
Filed : September 27, 2000
Examiner : J. Ustaris
Art Unit : 2616

745 Fifth Avenue
New York, NY 10151
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EXPRESS MAIL

Mailing Label Number: ED 109926284 US

Date of Deposit: March 9, 2005

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" Service under 37 CFR 1.10 on the date indicated above and is addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Chiaki Kokka

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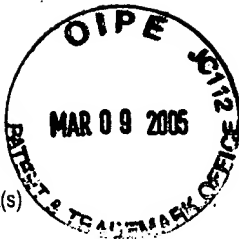
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AMENDMENT UNDER RULE 116

Mail Stop AF
Commissioner for Patents
Alexandria, VA 22313-1450

Dear Sir:

Responsive to the Final Office Action which issued January 13, 2005, please consider the following amendment to the above-referenced application.



03/10/05

PATENT
450106-02305AF
JAW

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Yoshihisa GONNO et al.
Serial No. : 09/647,332
For : TRANSMITTING APPARATUS AND RECEIVING APPARATUS
Filed : September 27, 2000
Examiner : USTARIS, Joseph G.
Art Unit : 2616

MAIL STOP AF
COMMISSIONER FOR PATENTS
Alexandria, VA 22313-1450
Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ No additional fee is required.
☐ The fee has been calculated as shown below.
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional fee
Total claims	8	Minus	20 =	0 ×	\$50(25)	= \$0
Independent claims	4	Minus	4 =	0 ×	\$200(100)	= \$0
			Total additional fee for this amendment			= \$0

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
** If the highest number of total claims previously paid for is less than 20, write "20" in this space.
*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- ☐ This application contains a multiple dependent claim. The required fee of \$360 (\$180) has been previously paid ☐, or is paid herewith ☐.
- ☐ This response is being filed within the _____ month following the expiration of the term originally set therefor. This is a petition to request a -month extension of time. A check covering the cost of the petition is enclosed.
- ☐ A USPTO Form 2038 – Credit Card Payment Form in the amount of \$ _____ .00 is attached, which covers the cost of ☐ additional claims and ☐ -month petition for extension of time.
- ☐ Charge \$__ to Deposit Account No. 50-0320.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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Chiaki Kokka

(Typed or printed name of person mailing paper or fee)

(Signature of person mailing paper or fee)

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